

**United States Bankruptcy Court
for the Middle District of Pennsylvania**

**CREDIT CARD BLANKET AUTHORIZATION FORM
PLEASE TYPE**

I, hereby, authorize the United States Bankruptcy Court for the Middle District of Pennsylvania to charge the credit card listed below for payment of fees, costs, and expenses which are incurred by myself or any member or employee of the law firm, partnership, or professional corporation stated below. I certify that I am authorized to sign this form on behalf of my law firm. I understand that until the time that the Internet Credit Card System is implemented, charges will be made to this card. After that time, this card will be charged only if fees are not timely paid through the Internet Credit Card System.

Credit Cardholder Name: _____

Signature: _____ Date: _____

In the event the charge against the account is denied, your ECF password will be revoked and will not be reinstated until a new Credit Card form is submitted to the Clerk's Office.

NAMES OF INDIVIDUALS AUTHORIZED TO USE ACCOUNT NUMBER LISTED BELOW FOR PAYMENT OF FEES, COSTS, AND EXPENSES

Law Firm Name: _____
(If sole practitioner - your name)

Address: _____

Telephone Number: () _____

	Account Number	Expiration Date
VISA		
MASTERCARD		
AMERICAN EXPRESS		
DISCOVER		

If this card REPLACES another card, please specify card that is no longer active:

Type	Account Number (No Longer Active)	Expiration Date

This form will be kept on file in the Clerk's office and will remain in effect until specifically revoked in writing. It is the responsibility of the law firm named above to submit a new form and notify the court of any changes to authorized users, a new expiration date when a credit card has been renewed, or card has been revoked, canceled or stolen.

Please mail a signed copy of this form to: ECF Attorney Registration, Susan Frisch,
US Bankruptcy Court, 274 Max Rosenn US Courthouse, 197 South Main Street, Wilkes-Barre, PA 18701